



SOUTH SALT LAKE CITY
REQUEST FOR RECORDS
City Recorder's Office
220 East Morris Ave, South Salt Lake, UT 84115
Phone Number: (801) 483-6019

* Required Field

Requester Information			
*First Name:		Middle Initial:	*Last Name:
*Current Address:			
*City, State, Zip:			
*Phone #:		Work #:	
*Email:			

*Describe the **records you are seeking** (records must be described with reasonable specificity, such as date of occurrence, events, or persons involved):

[Large text area for record description]

Case Number (if known):

[Text area for case number]

*Describe your **purpose** for records sought (reason must be described with reasonable specificity):

[Large text area for purpose]

*In what format would you like to have access to the requested record(s)?

Physical Copy

View in office (no physical copy)

Fee Notifications & Fee Waivers

All GRAMA Records Requests may be subject to research/copy fees, pursuant to the [South Salt Lake Code of Ordinances - Consolidated Fee Schedule - 3.11.020 - General Fees - Records and Information Services](#). The current fee schedule in the Municipal Code can be accessed online at www.sslc.gov.

Are you requesting a fee waiver?

Yes (fill out the fields below)

No (continue to the next section)

Reason for fee waiver request:

Release of the records primarily benefits the public rather than me (*explain in the space below*):

[Large text area for public benefit explanation]

I am the victim of a domestic assault on the record.

My legal rights are directly affected by the record and I am impecunious.

(please attach any relevant documentation for your fee waiver request to this application)

Non-Public Records

Are the requested records currently in a public status or non-public status?

Non-public records

(fill out the section below)

Public Records

(continue to the next section)

Reasons for access to non-public records:

I am the subject of the record (or guardian/parent of the subject if the subject is a minor or legally incapacitated).

I am the person who provided the information.

I am authorized to have access by the subject of the record or by the person who submitted the information (attach relevant documentation).

Other (please explain):

(please attach any relevant documentation for your request of non-public records to this application)

Expedited Response:

Are you requesting an expedited response? (5 business days)

Yes (requires relevant

documentation)

No (continue to the next section)

(please attach any relevant documentation for your request for expedited records - i.e. proof of your status as a member of the media and statement that the record is needed for a story/broadcast)

Acknowledgement & Signature:

I acknowledge that the information I am submitting on this form is correct and true to the best of my knowledge.

*Signature

*Date

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**Unless requesting an expedited response, it may take up to 10 business days to fulfill your request.
You will be notified when the records are available to be picked up/accessed.**

Any further questions regarding this request can be directed to:

South Salt Lake City Recorder's Office

220 East Morris Avenue, South Salt Lake, UT 84115

(801) 483-6019 Email: aandrus@sslc.gov